ELECTRIC SERVICE DATA SHEET

		<u>DATE</u>	
COMPANY		CONTACT PERSON	
ADDRESS		DITORIE #	
ADDRESS		PHONE #	
		FAX#	-
Please enclose <u>2 copies</u> of your site preliminary estimate of demand lo		cility layout. Also complete the below g categories.	v listed
Lights	KW	Misc. Equipment	KW
Receptacles	KW	Total (New)	KW
Resistance Head	KW	Existing	KW
Motors	KW	Existing	KW (est.)
Largest MotorI			
Secondary Service Requested	Volt	PhaseWire	
	Submit	tted by	
	Submi	ned by	
The following is a checklist of I	(To be completed b naterials and labor	y City of Tipp City) to distinguish and verify the respon d Electrical Contractor.	sibilities of the
	Furnished by	Installed by	
Service Equipment	Owner Utility	Owner Utility	
(A) Transformer		Type I	CVA
(B) Primary Terminations			
(1) At Pole			
(2) At Transformer			
(C) Weatherhead			
(D) Primary Conduit			
(E) Secondary Conduit			
(F) Primary Conductor		v	
(G) Secondary Conductor		v	
(H) Secondary Connections			
(I) Transformer Pad			
(J) Current Transformer			
(K) C.T. Cabinet		Size	
(L) Metering Conduit		Size	
(M) Meter Base			
(N) Primary Trench & Fill			
(O) Secondary Trench & Fill			
Remarks			
		·	
Approved by:		Date:	
City of Tipp City	/Title		

Note: Large Power (LP) Rate Determination: All transformer bank sizes of 151KVA and larger will be classified within the LP Rate and will be subject to a minimum demand charge of one-half (1/2) of installed transformer capacity.

Example: 500 KVA (installed) x .5= 250KVA x \$8.00/KVA= \$2,000/month minimum demand charge.